

Speech-Language Pathology Diagnostic & Disorder Primer



Speech-Language & Swallowing Evaluation

- Indicated by screening, physician or parent/caregiver referral
- Indicated when evidence suggests impairments affecting structure/function and/or activities/participation
- Comprehensive assessment of the major areas of communication, swallowing and AAC

Validated Speech Articulation & Phonology Diagnostic Tools

- Apraxia Profile
- Khan Lewis Phonological Analysis 2
- Arizona Artic Prof Scale 3
- Photo Articulation Test 3 (PAT3)
- CAAP Clinical Assessment of Artic & Phonology
- Test of Phonological Awareness Skills
- Linguisystems Articulation Test (LAT)
- Goldman Fristoe Test of Articulation (GFTA2)

Validated Language Receptive, Expressive & Pragmatic

Diagnostic Tools For

ages 2-18

Other Diagnostic Measures

- Clinical Evaluation of Language Fundamentals 4 (CELF4)
- Expressive One Word Picture Vocab Test 4 (EOWPVT4)
- Non-speech Test for Receptive/Expressive Language
- Oral and Written Language Scales 2 (OWLS2)
- Preschool Language Scale 4 or 5 (PLS 4 and PLS 5)
- Receptive Expressive Emergent Language 3 (REEL3)
- Receptive One Word Picture Vocab Test 4 (ROWPVT4)
- Test of Language Development P4 (ages 4-8)
- Test of Language Development I4 (ages 8-17)
- TOPL2 Test of Pragmatic Language 2

• Language Sample to identify deviations in speech and language from developmental norms.

- Parent/Caregiver report of strengths/weaknesses in ADLs.
- Phonetic & Phonemic Inventory to identify patient's speech sounds.

• Observation in natural environment for communication strengths and weaknesses.

• Oral Motor Exam to determine adequate oral structures and function.

SLP Disorder Basics

| Commonly Diagnosed Disorders | PATIENT'S INABILITY TO |
|---------------------------------|---|
| Articulation Disorder | Produce age appropriate speech sounds (consonants and vowels) |
| Phonological Disorder | Use developmentally expected speech sounds for age and dialect |
| Receptive Language Disorder | Understand spoken, written or gestural communication |
| Expressive Language Disorder | Use spoken, written or gestural language to express wants, needs, thoughts and ideas |
| Pragmatic Language Disorder | Use language appropriately in social situations such as greetings, turn-taking, inferred communication, personal space and other commonly expected social behaviors. |
| Fluency Disorder | Produce speech sounds without frequent disruptions, easily initiate spoken communication or complete spoken communication without interruption. Frequently referred to as stuttering. |
| Voice Disorder | Produce a vocal quality that is age and gender appropriate. |
| Swallowing Disorder | Functionally swallow liquids and/or solids to maintain adequate hydration and nutrition. |

Disorder Severity

MILD – Standard scores 1 to 1.5 standard deviations below the mean. Standard Score 78-85

• Articulation/Phonology – intelligibility not greatly affected but errors are noticeable.

MODERATE - Standard scores 1.5 to 2 standard deviations below the mean. Standard Score 70-77

• Articulation/Phonology – Error patterns may be atypical. Intelligibility is affected and conversational speech is occasionally unintelligible.

SEVERE – Standard scores > 2 standard deviations below the mean. Standard Score 69 and below

• Articulation/Phonology – Inconsistent errors and lack of stimulability is evident. Conversational speech is generally unintelligible.



Speech-Language Pathology Primer

Professional Certification, Screening, Evaluation & Treatment



Professional Certification Speech-Language Pathologists

- Master's Degree in Communication Sciences and Disorders •
- State Licensure issued by the NC Board of Examiners in Speech-Language Pathology & Audiology
- Certificate of Clinical Competence from American Speech & • Hearing Association
- A Speech-Language Pathologist screens, evaluates and treats • patients with communication and/or swallowing disorders
- Pass/Fail procedure •
 - Identifies need for speech-language evaluation
- Identifies need for referral to other medical services •

Infant/ **Toddler Evaluation**

Screening

- Evaluate strengths/weaknesses of early communication interactions.
- Evaluate pre-speech and language function
- Identifies need for referral to other medical services •

Speech-Language & Swallowing Evaluation

Areas of Impairment

Speech-Language

Therapy

- Indicated by screening, physician or parent/caregiver referral •
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• Pragmatic Language

• Fluency

- Articulation & Phonology Receptive & Expressive Language
 - Voice
 - Swallowing Function
- Need for Augmentative Alternative Communication (AAC)
- Funding requires physician orders for SLP skilled therapy •
- Therapy provided to address needs identified in evaluation ٠
- Private therapy is generally provided individually
- Therapy provided in schools to address educational • impairments only and is generally provided in group format.
- Frequency: 1-3 times per week, based upon severity of • disorder
- Frequency may be determined by insurance limitations. •